

*Agenda~ -First Friday Forum  
New Holly Gathering Hall  
11/05/2010 9:00-11:00*

- 9:00-9:15    Introductions                      (Vicki Bradley)
- 9:15-9:30    Basic Health Updates  
                 Allison Chase, Health Care Authority  
                 [Allison.chase@hca.wa.gov](mailto:Allison.chase@hca.wa.gov)  
                 (360) 923-2765
- 9:30-9:50    Healthy Options Updates  
                 Agnes Ericson (DSHS/HRSA)  
                 [ericsa@dshs.wa.gov](mailto:ericsa@dshs.wa.gov)  
                 (360) 725-1625
- 9:50-10:05   DSHS Authorizations/Consents  
                 Doty McApline  
                 [Mcalpda@dshs.wa.gov](mailto:Mcalpda@dshs.wa.gov)
- 10:05-10:45 Region 4 Updates  
                 Karin Kramer  
                 Tina Hatley  
                 Hector Martinez
- 10:45-11:00 Other Updates/Announcements

*Thank you for coming!!*



**STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES**

Medicaid Purchasing Administration  
626 8<sup>th</sup> Avenue, S.E. • P.O. Box 45502  
Olympia, Washington 98504-5502

September 29, 2010

TO: Medicaid and Health Care Authority Stakeholders and Providers  
FROM: Doug Porter, HCA Administrator and State Medicaid Director  
SUBJECT: 6.3% across-the-board budget cuts for Medicaid and HCA

We are releasing today the list of Medicaid budget cuts we turned over to the Office of Financial Management (OFM). They represent the amount needed to reach the \$112.8 million target assigned to Medicaid under the executive order calling for 6.3% across-the-board cuts.

We also have delivered a plan for the Health Care Authority (HCA) to meet its assigned \$9.8 million target without layoffs or benefit cuts.

We have made these cuts carefully and with an eye on our one million-plus clients who depend on our services. The cuts are not good news, but we believe we have no other options, given the state's severe revenue crisis and the inflexibility of Medicaid mandates and complexities. Most Medicaid services are mandated by federal law and we do not have the ability to change those costs. Thus, we have had to look primarily at optional Medicaid programs the state can drop without violating these restrictions (please see the full list at the end of this memorandum).

An unprecedented cut will be the adult pharmacy benefit – setting limits on our reimbursement for adult prescriptions. This cut will not affect children's medication, and we are still working out how it will be implemented – stay tuned for those details. Adult pharmacy is technically an optional benefit, giving us the authorization we need to make this cut.

Knowing that these cuts are inevitable does not disguise the fact that they fall heavily on some of our most vulnerable clients – seniors, children, and people with disabilities. They also will directly impact Medicaid staff and their families, who will again face layoffs over the next three months. We have identified the FTEs that are connected to the different programs being eliminated and, in coming weeks, we will begin the formal notification of employees whose jobs are being eliminated.

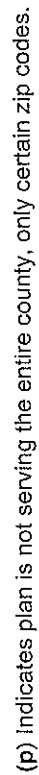
We will press ahead as quickly as we can, but none of the cuts detailed below are possible without State Plan Amendments, WAC regulatory changes, client and provider notifications, or renegotiated contracts – all things that take time. Our judgment is that we will be using the next several months to make sure most cuts can go into effect on January 1, 2011. A few additional cuts also require legislative approval and are not even targeted to begin before March 1, 2011.

If there is good news today, it is that the Health Care Authority will be able to achieve its \$9.8 million target with much less travail. The Basic Health benefit fund has been operating with a small surplus, and we are counting on the Basic Health waiver in health care reform to provide federal relief for Basic Health beginning next year. Although we will not be able to enroll people on the Basic Health wait list, we can pay off HCA's 6.3% budget cut out of that existing surplus, and no further cuts should be necessary this biennium. No administrative cuts should be required, and no client will be forced out of subsidized coverage.

At Medicaid, there is a grimmer picture; however, every state agency faces challenges in these tough economic times, and health care is no exception. Relief is not yet in sight. The budget for the next biennium already has been assigned Medicaid budget cuts of \$521 million. All of the cuts detailed below will again be needed to make that target.

Optional programs in Medicaid	G/F savings	Number of clients	Effective Date
Adult Pharmacy Benefits	\$39.4 million	All adult clients	March 1, 2011
Medical for Disability Lifeline (formerly GA-U)	\$20.3 million	21,000	March 1, 2011
Eligibility reduction in Apple Health for Kids	\$10.1 million	27,000	March 1, 2011
State-Only Alien Emergency Medical	\$8.6 million	1,300	Jan. 1, 2011
Adult Dental Services	\$8.3 million	105,000	Jan. 1, 2011
First Steps/Maternity Support Services/Infant Case Management	\$6.4 million	65,000	March 1, 2011
Adult Hospice	\$4.6 million	2,600	Jan. 1, 2011
Interpreter Services	\$3.3 million	70,000	Jan. 1, 2011
School-based Medical Services	\$3.3 million	20,000	Jan. 1, 2011
Medicare Part D Co-Pays	\$3.2 million	49,000	Jan. 1, 2011
Physical, Occupational and Speech Therapy	\$2.9 million	20,000	Jan. 1, 2011
Take Charge/Family Planning	\$1.2 million	43,000	March 1, 2011
Adult Vision	\$500,000	67,000	Jan. 1, 2011
Adult Podiatry	\$400,000	6,500	Jan. 1, 2011
Adult Hearing Services/Devices	\$300,000	2,400	Jan. 1, 2011

**as of 10-20-10**



## **Year 2011 HO/CHIP Plan Abbreviations**

Asuris Northwest Health Plan	<b>ANH</b>
Columbia United Providers	<b>CUP</b>
Community Health Plan of Washington	<b>CHP</b>
Group Health Cooperative	<b>GHC</b>
Kaiser Foundation Health Plan	<b>KFHP</b>
Molina Healthcare of Washington, Inc.	<b>MHC</b>
Regence Blue Shield	<b>RBS</b>

August 2010

## Using Your New Services Card

### Welcome!

If you're considering Medicaid or Disability Lifeline coverage, or have recently applied for services, welcome! This information focuses on the client Services Card, which you will receive after being determined eligible for Medicaid. Each eligible household member will receive his or her own Services Card. It's very important that you **keep the card with you** so that you have it each time you visit a health care provider.

### What is a Services Card?

The Services Card is issued to Department of Social and Health Services clients who are eligible for medical, dental and vision services. It is a plastic card that resembles other medical insurance ID cards. It replaces the paper medical coupon, or MAID (Medical Assistance ID card), previously issued by DSHS. Show it whenever you have a health care appointment. Providers will use it to make sure your service is covered.

### How do I use my Services Card?

The Services Card is issued once. Use it whenever you are eligible for services.

- **Take your Services Card to any medical, dental or vision appointment.** Your provider will use it to find out what services you are eligible for.
- **Keep your Electronic Benefits Transfer (EBT) card, if you have one.** You will continue using it for your cash or food benefits.
- **Do not throw the Services Card away.** It is permanent. Even if you are temporarily not eligible for services, keep the Services Card. You can use it if you become eligible for services again in the future.

### What happens if I forget to take the card to my appointment?

If you forget your ProviderOne Services Card, you can still receive services. Just give either your ProviderOne client ID number or any two of the following to your provider so he or she can make sure you're eligible for services:

- Full name
- Social Security Number
- Date of birth

### What if my doctor doesn't know about the Services Card?

You may wish to take this fact sheet with you to any medical, dental or vision care appointment. If your provider hasn't heard about the new Services Card, show the document to him or her as an explanation.

### How do I know what services I'm eligible for?

When you are determined eligible for services, you will receive an Award Letter, which outlines your benefits. Also, any time you need to verify what you're eligible for, just call the Answer Phone at 1-877-980-9220.

### What if I'm in a managed care plan?

You will receive a new Services Card and a separate card from your managed care plan (you may already have the card from your managed care plan).

- Bring both cards to your appointment.
- Be sure to stay up to date about your enrollment by reading any information sent to you by your managed care plan or DSHS.
- If you have questions about your enrollment in a managed care plan, you can call the toll-free number printed on the back of your Services Card (1-800-562-3022) or visit <https://www.waproviderone.org/client>.

## What do I do if my Services Card is lost, misplaced or stolen?

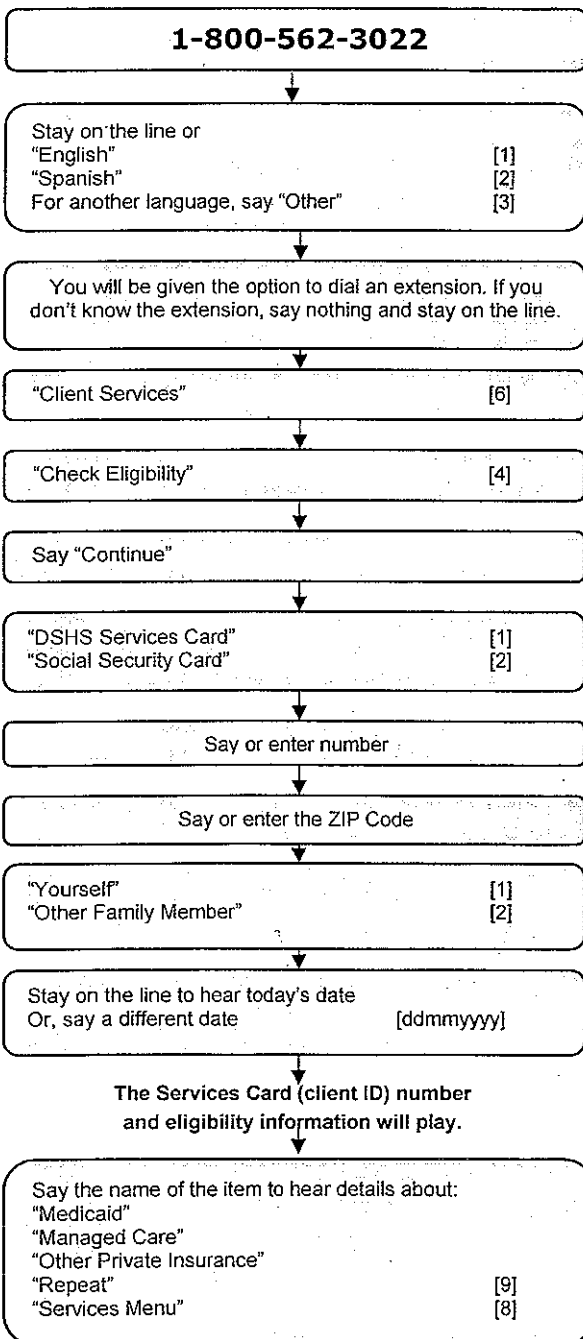
- Call 1-800-562-3022, or for TTY/TDD 1-800-848-5429, to request a replacement card. In the meantime, you still can receive health care services.
- Your new Services Card will be mailed to you. Your local DSHS office cannot replace your card. If you believe a member of your household is eligible for services but did not receive a card, call 1-800-562-3022.
- Your lost card will be deactivated.
- There is no charge for the replacement card.

## Important Reminder!

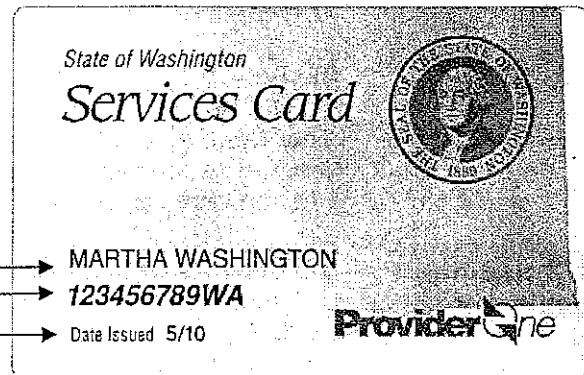
Be sure to keep your local DSHS office up to date about any changes, such as address or telephone number. It is important that DSHS and your health care providers have the most current information.

## Checking Your Eligibility

You can use our automated phone system to check your eligibility for services. You can say the word in quotes (" ") or press the number in brackets ([ ]). You also can key ahead.



## Front of Card



The Services Card does not contain any personal information except your name, the ProviderOne Client ID number and issue date, so your privacy is maintained if the card is lost or stolen.

## Back of Card

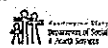
Provider Website: [www.WAProviderOne.org](http://www.WAProviderOne.org)

Clients: This is your permanent Services Card. **KEEP THIS CARD!**  
Present this card to each provider when requesting services.  
For any questions please call Customer Service.

Customer Service ..... 1-800-562-3022  
TTY/TDD ..... 1-800-848-5429

**THIS CARD DOES NOT GUARANTEE ELIGIBILITY  
OR PAYMENT FOR SERVICES**

Providers: Always verify identity and eligibility.  
Eligibility may be obtained using this card,  
the Provider website, or Customer Service.



Providers may use this **magnetic strip** to get eligibility information. The strip does not contain any personal or confidential information.

Call the **toll-free number** if your card is lost or stolen, or if you have questions. **This is the same number you call for other client services.**



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Medicaid Purchasing Administration

626 8<sup>th</sup> Avenue, S.E. • P.O. Box 45530  
Olympia, Washington 98504-5530

October 20, 2010

**TO:** First Steps, Maternity Support Services/Infant Case Management (MSS/ICM) and  
Childbirth Education (CBE) Providers

**FROM:** Todd Slettvet, Chief, Office of Community Services *T.S.*

**SUBJECT:** Additional Information for MSS/ICM and CBE Providers

We are sending you additional information to supplement the September 29, 2010 memo from Doug Porter, Health Care Authority (HCA) Administrator and State Medicaid Director, entitled "6.3% Across-the-Board Budget Cuts for Medicaid and HCA" (copy attached).

As indicated in that memo, federal law mandates most Medicaid services. This leaves only optional Medicaid programs from which to meet the difficult budget reduction requirements. As an optional program, MSS/ICM and CBE are recommended for elimination effective March 1, 2011. If the recommendation is approved as submitted, MSS/ICM and CBE providers will not be reimbursed for covered services delivered to eligible clients after February 28, 2011.

The list of recommended Medicaid budget reductions DSHS submitted to the Office of Financial Management will be included in the supplemental budget presented to the legislature in January. Eliminating MSS/ICM and CBE requires legislative approval. They will have until March 1, 2011 to review the recommendation and make a decision.

Providers will be notified after the legislature makes a final decision. Unless the message comes directly from DSHS Medicaid Purchasing Administration or through the First Steps Messages Mailbox, program staff cannot verify any information you receive or hear.

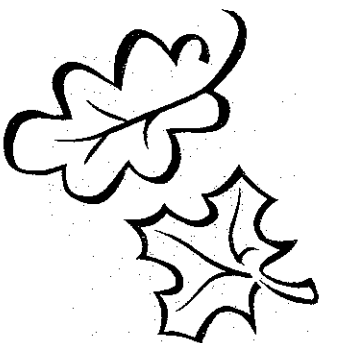
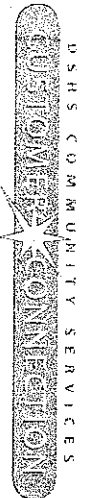
Please direct all questions about the proposed elimination of MSS/ICM and CBE to Jim Stevenson, DSHS/MPA Public Information Officer. His email address is: [jim.stevenson@dshs.wa.gov](mailto:jim.stevenson@dshs.wa.gov).

Attachment

cc: MaryAnne Lindeblad  
Jim Stevenson



# November 2010



Customer Service Center  
 District 4  
 PO Box 11699  
 Tacoma, WA 98411-9905  
 Phone #: 877-501-2233  
 Answer Phone #: 877-980-9220  
 Provider Line #: 800-394-4571  
 Fax #: 877-759-1063

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11 Veteran's Day— Office Closed	12 Temp Layoff Day—Office Closed	13
14	15 Eligibility Review forms due.	16	17	18 Termination let- ters sent for no reviews.	19 Last day for 10 notices to be mailed out.	20
21	22	23	24	25 Thanksgiving Weekend— Office Closed	26 Thanksgiving Weekend— Office Closed	27
28	29	30				

